Form 130 Membership Deletions

Date _____ **Chapter** |__|__|__|__|__|__|__|__|__|__|__|__|__| **Chapter no.** |__|__|__|__|__|

Your Name_____ Daytime phone _____ email _____

Deletion(s) to be effective ☐ 1st quarter (June thru Aug) ☐ 2nd (Sept thru Nov) ☐ 3rd (Dec thru Feb) ☐ 4th (Mar thru May)

Note: To be effective, deletions must be reported to the AMBUCS Resource Center before the closing date of the specified quarter (10th of the following month). Deletion reports received after a quarter's closing date will become effective in the next quarter. Closing dates: 1st quarter (Sept 10) • 2nd quarter (Dec 10) • 3rd quarter (Mar 10) • 4th quarter (June 10).

Member ID no. |__|__|__|__|__| **Prefix** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss **Suffix** (Jr., III) |__|__|__|__|__|__|

First name |__|__|__|__|__|__|__|__|__|__|__|__| **MI** |__| **Last name**__|__|__|__|__|__|__|__|__|__|__|__|__|

Reason for deletion ☐ Resigned ☐ Deceased ☐ Suspended ☐ Transfered to chapter no. |__|__|__|__|

☐ moved to (new address) |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **State** |__|__|__|__|__| **Zip** |__|__|__|__|__|-|__|__|__|__|

Chapter offices currently held_____

Member ID no. |__|__|__|__|__| **Prefix** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss **Suffix** (Jr., III) |__|__|__|__|__|__|

First name |__|__|__|__|__|__|__|__|__|__|__|__| **MI** |__| **Last name**__|__|__|__|__|__|__|__|__|__|__|__|__|

Reason for deletion ☐ Resigned ☐ Deceased ☐ Suspended ☐ Transfered to chapter no. |__|__|__|__|

☐ moved to (new address) |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **State** |__|__|__|__|__| **Zip** |__|__|__|__|__|-|__|__|__|__|

Chapter offices currently held_____

Member ID no. |__|__|__|__|__| **Prefix** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss **Suffix** (Jr., III) |__|__|__|__|__|__|

First name |__|__|__|__|__|__|__|__|__|__|__|__| **MI** |__| **Last name**__|__|__|__|__|__|__|__|__|__|__|__|__|

Reason for deletion ☐ Resigned ☐ Deceased ☐ Suspended ☐ Transfered to chapter no. |__|__|__|__|

☐ moved to (new address) |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **State** |__|__|__|__|__| **Zip** |__|__|__|__|__|-|__|__|__|__|

Chapter offices currently held_____

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